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LICENSE NU	MBER: 144600001		CITY OR TOV	VN WESTMII	NSTER
APPLICATIO	N FOR RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE N	AME: DOUGLAS E	. HICKS POST #7389 V	.F.W.OF U.S.ING	<b>Z.</b>	
DOING BUSI	NESS A				
ADDRESS EA	ATON STREET				
CITY/TOWN	: WESTMINSTER	STATE: MA	ZIP CODE	: 01473	
MANAGER:	LeBLANC, DANIEL J.	TYPE OF LICENSE: V	eterans club	CATEGORY:	All Alcohol
EMAIL ADD	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
-	N OF LICENSED PR				
LARGE HAL		MEETING ROOMS FOONE BAR AND LOUNCES.			
I hereby certif	y and swear under pen	alties of perjury that:			
1. the	renewed license will b	be of the same type for the	ne same premises i	now licensed;	
2. the	licensee has complied	with all laws of the Con	nmonwealth relati	ng to taxes; and	
3. the	premises are now ope	n for business (If not exp	olain below)		
SIGNED BY		artner or Authorized Cor	norate Officer		
	marviduai, i c	irther of Authorized Corp	porate Officer		
DATE:	TELED	HONE NUMBER.	EMPI (	YER IDENTIFICA	TION NUMBER:
	TELEP	HONE NUMBER:		Individual Social	
***					
		e are in possession (1) t ng inspector and the he			
	-	quor liability insurance	_		
Please Check Bel	ow:		LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROV					
(If disapprove	a explain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 144600002		CITY OR TOW	N WESTMIN	NSTER
APPLICATION FO	R RENEWAL:	Annual CLASS	LICE	ENSED FOR 20	013 YEAR
	WESTMINSTER OF A WESTMINSTER S RD.	GOLF COURSE I			TL/IIK
CITY/TOWN: WE	STMINSTER	STATE: M	A ZIP CODE:	01473	
	LANC, TYP NALD A.	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W		R EMAIL ADDRESS		
LARGE HALL HAV	LICENSED PREMIS VING BAR, CELLAR WITH SERVICE BA	R FOR STORAGE	WITH KITCHEN A	AND DINING	ROOM,
	see has complied with ses are now open for Individual, Partner	business (If not ex	xplain below)	g to taxes; and	
DATE:	TELEPHON	E NUMBER:		'ER IDENTIFICA' Individual Social S	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	spector and the h	ead of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICE. By:	NSING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 144600003		CITY OR TOWN	WESTMIN	STER
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	AME: JOSEPH'S B	ISTRO & PUB, INC.			
DOING BUSI	NESS A JOSEPH'S I	BISTRO & PUB			
ADDRESS 9	VILLAGE SQUARE				
CITY/TOWN:	WESTMINSTER	STATE: MA	ZIP CODE:	01473	
MANAGER:	PANDISCIO, JOSEPH R. A.	TYPE OF LICENSE:	Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PR	REMISES:			
DINING ROO	M, PUB AREA, PAT	TO AND FUNCTION RO	OOM		
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	ne same premises now	licensed;	
2. the	licensee has complied	d with all laws of the Cor	nmonwealth relating t	o taxes; and	
3. the	premises are now ope	en for business (If not ex	plain below)		
SIGNED BY:					
SIGNED DI.		artner or Authorized Cor	porate Officer		
DATE:	TEI EI	PHONE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TELEF	TIONE NUMBER.	(Note: NOT Inc		
					-
		ve are in possession (1)			
		ng inspector and the he quor liability insurance			
		quoi nuomity mourumet			
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI (If disapproved					
(II disapproved	i expiaiii)				
DATE:			-		
DATE.					



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LICENSE NUMBER: 144600004		CITY OR TOWN	WESTMINSTER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WACHUSETT MOUNT DOING BUSINESS A ADDRESS MILE HILL ROAD	TAIN ASSOCIA	TES	
CITY/TOWN: WESTMINSTER S	TATE: MA	ZIP CODE:	01473
MANAGER: CROWLEY, TYPE OF DAVID I.	F LICENSE: Rest	caurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE DESCRIPTION OF LICENSED PREMISES:	AND ENTER YOUR EM	AIL ADDRESS	
TWO STORY WOOD FRAME STRUCTURE 21,000 SF. ENTRANCE FACING MILE HILL ADDITIONAL LOUNGE SEATING AND AFTENTED/FENCED OPEN AREAS,ONE STOOTHER TO THE SOUTH OF THE BASE LOFT. EACH.	RD, EXITS TO PPROX 10,000 S THE NORTH (	SKI SLOPES. IN F ADDITION.AS V OF THE BASE LOI	CLUDES 666.5 WELL AS TWO (2) DGE AND THE
I hereby certify and swear under penalties of pe	erjury that:		
1. the renewed license will be of the sa	me type for the	same premises now	licensed;
2. the licensee has complied with all la	ws of the Comm	onwealth relating to	taxes; and
3. the premises are now open for busing	ess (If not explain	in below)	
SIGNED BY:  Individual, Partner or A	uthorized Corpor	rate Officer	
DATE: TELEPHONE NU	JMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspect license and (2) the certificate of liquor liabil	or and the head	of the fire departm	nent for the above named
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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LICENSE NU	MBER: 144600005		CITY OR TOWN WESTN	IINSTER
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: NEW ENGLA	ND RESTAURANT AS	SOCIATES, INC.	
DOING BUSI	INESS A OLD MILL F	RESTAURANT		
ADDRESS S/	S RTE. 2A			
CITY/TOWN	: WESTMINSTER	STATE: MA	ZIP CODE: 01473	
MANAGER:	FOSTER II, DONALD S.	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
	ON OF LICENSED PRE			
LOBBY. COO	DLERS, DRESSING RO		ROOMS ON MAIN FLOR; KI E IN BASEMENT. 4 DINING TIO	
I hereby certif	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	e same premises now licensed;	
2. the	e licensee has complied	with all laws of the Com	monwealth relating to taxes; ar	nd
3. the	e premises are now open	for business (If not exp	lain below)	
SIGNED BY		da a a a a A da a' a d Gana	OCC	
	individual, Pai	tner or Authorized Corp	orate Officer	
DATE:			EMPLOYER IDENTIFIC	CATION NUMBER.
DATE.	TELEPH	HONE NUMBER:	(Note: NOT Individual Soci	
	0 ,	•	ne certificate required by Cha d of the fire department for t	-
	· · · · · · · · · · · · · · · · · ·	~ . <del>.</del>	required by Chapter 116 of the	
Please Check Be	low:		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	ed explain)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 144600007		CITY OR TOWN WI	ESTMINSTER
APPLICATION F	OR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: WACHUSETT	VILLAGE, LLC.		
DOING BUSINES	SS A WACHUSET	T VILLAGE INN & CC	NFERENCE CENTER	
ADDRESS STAT	E HIGHWAY NO.2	2		
CITY/TOWN: W	ESTMINSTER	STATE: MA	ZIP CODE: 01	1473
	ROWLEY, TAVID I.	ΓΥΡΕ OF LICENSE:Inr	nholder CATE	GORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PRE			
CONFERENCE/B	SANQUET ROOMS FL. HAS ROOMS	S, BOARDROOM, BAN	OUNGE, DINING ROC QUET KITCHEN AND ON AREA: LOBBY,LOU	REST.
I hereby certify an	d swear under penal	ties of perjury that:		
1. the rene	ewed license will be	of the same type for the	same premises now licer	nsed;
2. the lice	nsee has complied v	with all laws of the Com	monwealth relating to tax	es; and
3. the pres	mises are now open	for business (If not expl	ain below)	
SIGNED BY:	Individual Par	tner or Authorized Corp	orata Officar	
	marviduai, i ar	mer of Authorized Corp.	orace officer	
DATE:	TELEDII	ONE NUMBED.	EMPLOYER IDE	NTIFICATION NUMBER:
	IELEPH	ONE NUMBER:		al Social Security Number)
_		_	e certificate required by d of the fire department	-
			equired by Chapter 11	
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	plain)			
DATE:			<del></del>	<u>-</u>



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	144600008		CITY OR TO	WN WESTMIN	NSTER
APPLICATION FOR	LICENSED FOR 2013				
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 71 MAIN	Westminster Liquor	S			
CITY/TOWN: WES		STATE: MA	ZIP COD	E: 01473	
MANAGER: Frature		~		CATEGORY:	All Alcohol
EMAIL ADDRESS:	em, Thomas W.T TTE	Of EICENSE.F	ackage Store	CATEGORT.	All Alcohol
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
ONE STORY BLDG	WITH 2 ENTRANCE	S AND 2 EXITS			
2. the license	d license will be of the has complied with all es are now open for bu	l laws of the Con	nmonwealth relat		
SIGNED BY:	Individual, Partner or	· Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICA'  T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	 n)		LOCAL LIC By:	CENSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 144600010		CITY OR TOWN	ESTMINSTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
	AME: DEVLING, INC	RAL STORE		
ADDRESS 16	50 STATE ROAD EAST			
CITY/TOWN:	: WESTMINSTER	STATE: MA	ZIP CODE:	01473
MANAGER:	BJURLING, TY CHRISTOPHER	PE OF LICENSE: Pac	ckage Store CAT	EGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMI	ISES:		
ENTRANCE (	ON STATE ROAD, EAST	, EXIT IN REAR OF	BLDG.	
			ain below)	xes; and
DATE:	TELEPHOI	NE NUMBER:		ENTIFICATION NUMBER: lual Social Security Number)
Please Check Bel APPROVED: DISAPPROVED	ED:		LOCAL LICENSIN By:	G AUTHORITY
(If disapproved DATE:	d explain)			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 144600014		CITY OR TOWN	WESTMIN	ISTER
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: SERIO BROTHEI	RS, INC			
DOING BUSINESS	S A WESTMINSTER	R PHARMACY			
ADDRESS 128 MA	IN ST				
CITY/TOWN: WE	ESTMINSTER	STATE: MA	ZIP CODE:	01473	
MANAGER: SER	IIO, JOSEPH TY	PE OF LICENSE: Pa	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
ONE ROOM FOR S MAIN ST AND BA	SALES, ONE IN REACON ST	AR. BASEMENT F	OR STORAGE. EN	TRANCES FI	ROM
2. the licens	wed license will be of see has complied with ises are now open for	h all laws of the Com	monwealth relating		
SIGNED BY:	Individual, Partne	r or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:			FION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 144600015		CITY OR TOWN	WESTMINSTER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BARO PROPERTIE	S LIMITED PAR	RTNERSHIP	
DOING BUSINESS	A THE WOODS OF	WESTMINSTER	1	
ADDRESS 90 BEA	N PORRIDGE HILL F	2D		
CITY/TOWN: WE	STMINSTER	STATE: MA	ZIP CODE:	01473
MANAGER: BAR A. JJ	RTKUS, PAUL TYPI R	E OF LICENSE:R	destaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISI	ES:		
	RE, ONE FLOOR WI' PUBLIC ENTRANCI			
I hereby certify and	swear under penalties o	of perjury that:		
1. the renew	ved license will be of the	e same type for the	ne same premises now	licensed;
	see has complied with a		•	o taxes; and
3. the premi	ises are now open for b	usiness (If not exp	plain below)	
SIGNED BY:	Individual, Partner o	or Authorized Cor	porate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Acts of 2004, signe	d by the building insp	ector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	.:.)			
(If disapproved expl	am)			
DATE:				·
DINIL.				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	144600018		CITY OR I	OWN	WESTIMIN	SIEK
APPLICATION FOR	RENEWAL:	Annual	Ι	LICENS	ED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	SEAN J. MCNALL	Υ				
DOING BUSINESS A	MCNALLY'S GR	ILLE & PUB				
ADDRESS 88 SARGI	ENT RD					
CITY/TOWN: WEST	ΓMINSTER	STATE: MA	ZIP COI	DE:	01473	
MANAGER: MCNA	ALLY, SEAN TYP	'E OF LICENSE: Res	staurant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	MAIL ADDRESS			-
DESCRIPTION OF L	ICENSED PREMIS	SES:				
4000 SF AT 88 SARG EMREGENCY), ONE				EXITS,	(ONE	
I hereby certify and sw	ear under penalties	of perjury that:				
1. the renewed	d license will be of	the same type for the	same premise	es now l	icensed;	
2. the licensee	has complied with	all laws of the Comr	nonwealth rel	lating to	taxes; and	
3. the premise	es are now open for	business (If not expla	ain below)			
SIGNED BY:						
	Individual, Partner	or Authorized Corpo	orate Officer			
DATE:	TELEPHON	E NUMBER:				ION NUMBER:
			(Note: N	NOI Indi	vidual Social S	ecurity Number)
We the undersigned,	attest that we are	in possession (1) the	e certificate 1	require	d by Chapte	er 304 of the
Acts of 2004, signed						
license and (2) the ce	ertificate of fiquor	nability insurance r	equirea by C	napter	116 of the A	ACIS 01 2010.
Please Check Below:			LOCAL L	ICENSI	NG AUTHO	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explain						
(II disupproved explain	···/					
DATE:						
•						



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LICENSE NUMBER	144600019		CI	I I OK	IOWI	WESTWII	NSIEK
APPLICATION FOR	R RENEWAL:	Annua	al		LICE	NSED FOR 2	2013
		CLAS	SS				YEAR
LICENSEE NAME:	THE ANGLER F	ISH MARKET	AND CHO	OWDE	R CO. I	NC.	
DOING BUSINESS	A						
ADDRESS 1 VILLA	GE SQUARE						
CITY/TOWN: WES	STMINSTER	STATE:	MA	ZIP C	ODE:	01473	
MANAGER: KIM	BALL, JASON TY	TPE OF LICENS	SE:Restau	rant	(	CATEGORY	: All Alcohol
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS	1		
DESCRIPTION OF	LICENSED PREM	ISES:					
SEPARATE REST F EGRESSKITCHE SEPARATE EATIN	N AREA FOR FOC	DD PREP, BAR					CESS AND
I hereby certify and s	wear under penaltie	s of perjury that	:				
1. the renew	ed license will be of	f the same type f	or the sam	ne pren	nises no	w licensed;	
2. the license	ee has complied wit	h all laws of the	Common	wealth	relating	to taxes; and	
3. the premis	ses are now open for	r business (If no	t explain b	pelow)			
SIGNED BY:	Individual, Partne	er or Authorized	Corporate	e Office	er		
DATE:	TELEPHO	NE NUMBER:		Е	MPLOY	ER IDENTIFICA	ATION NUMBER:
				(Note	: <u>NOT</u> I	ndividual Social	Security Number)
We the undersigned Acts of 2004, signed license and (2) the o	by the building ir	spector and th	e head of	the fir	e depar	tment for th	e above named
Please Check Below:			L	LOCAL	LICEN	NSING AUTH	HORITY
APPROVED:			Е	By:			
DISAPPROVED: [ (If disapproved explain	 uin)		_				
(ii disupproved expir	,		-				
			=				
DATE:							
APPLICATION FOR RENEV	VAL MUST BE FILED BY	LICENSEES DURING	THE MONT	H OF NO	VEMBER	(M.G.L. Ch. 138 \$	16A)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144	600021		CITY OR TOWN	WESTMIN	STER
APPLICATION FOR REM	NEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: WA	CHUSETT BEER S	STORE LLC			
DOING BUSINESS A TI	HE BREWERY STO	ORE,LCC			
ADDRESS 175 STATE R	OAD EAST,SUITE	A			
CITY/TOWN: WESTMI	NSTER S	STATE: MA	ZIP CODE:	01473	
MANAGER: RONN,WA	AYNE S. TYPE O	F LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	E ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LICE					
403 SQ. FT. OF LEASED ONE ENTRANCE/EXIT			ATED AT 175 STA	TE RD EAS	T,WITH
3. the premises ar	e now open for busing	ness (If not expla		, taxes, take	
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: NOT Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 144600022		CITY OR TOWN WESTMI	INSIEK
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: CHARLES PA	AUL SERENE STER CONVENIENCE S	STORE	
ADDRESS 21	7 STATE ROAD			
CITY/TOWN:	WESTMINSTER	STATE: MA	ZIP CODE: 01473	
MANAGER:	SERENE, CHARLES PAUL	TYPE OF LICENSE: Pa	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION CONVENIEN	N OF LICENSED PR CE STORE	EMISES:		
2. the	licensee has complied premises are now ope			I
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: Note:	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1446	00023	CITY OR TOWN	WESTMINSTER		
APPLICATION FOR REN	EWAL: Ann	ual LICENS	LICENSED FOR 2013		
	CLA	ASS	YEAR		
LICENSEE NAME: BET	TER THAN MIKE'S INC.				
DOING BUSINESS A VII	NCENT'S COUNTRY STO	PRE			
ADDRESS 109 MAIN STI	REET				
CITY/TOWN: WESTMIN	NSTER STATE:	MA ZIP CODE:	01473		
MANAGER: VINCENT,	BRIAN TYPE OF LICE	NSE:Package Store CA	ATEGORY: Wine and Malt Regular		
EMAIL ADDRESS:					
	ALSO VISIT OUR WEBSITE AND ENTH	ER YOUR EMAIL ADDRESS			
DESCRIPTION OF LICEN					
8000 SQ FT RETAIL COU DAIRY, FROZEN & BAK		E WITH FRESH MEAT, PR	ODUCE, GROCERY,		
3. the premises are SIGNED BY:	now open for business (If a	<u> </u>	, macs, and		
indi	ridual, i didici oi riddioiizo	a corporate officer			
DATE:	TELEPHONE NUMBER	••	IDENTIFICATION NUMBER: ividual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY		
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 144600024		CITY OR TOWN	WESTMINSTER
APPLICATION FO	R RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 8-10 VII CITY/TOWN: WE	LLAGE SQUARE		ZID CODE.	
	NALLY, SEAN TYPI	~	ZIP CODE: staurant CA	01473 ATEGORY: All Alcohol
EMAIL ADDRESS:				
DEGCDIDATON OF	PLEASE ALSO VISIT OUR WEE		MAIL ADDRESS	
3 FRONT ENTRAN	LICENSED PREMISI ICES, 2 EXITS, 1 SID THROOM, 1 LADIES	E EXIT, 1 DECK,	KITHCEN AREA, C	ELLAR, DINING
2. the licens	yed license will be of the see has complied with a sees are now open for be Individual, Partner of	all laws of the Compusiness (If not expl	monwealth relating to ain below)	
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building insp	ector and the hea	d of the fire departn	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				